



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100  
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## Therapeutic Massage Therapist License Application

Pursuant to City Code 3-6 the following information must be provided prior to approval:

1. Name of Applicant \_\_\_\_\_  
First Middle Last
2. Applicant's Date of Birth (must be 18 years old) \_\_\_\_\_
3. Telephone Number of Applicant \_\_\_\_\_
4. Email Address of Applicant \_\_\_\_\_
5. Home Address of Applicant \_\_\_\_\_  
\_\_\_\_\_
6. I will be working as a massage therapist at:  
\_\_\_\_\_ a Residential Home. Provide address & legal description of home  
\_\_\_\_\_  
\_\_\_\_\_ a Business. Provide address of business \_\_\_\_\_  
\_\_\_\_\_
7. Number of years experience as a massage therapist \_\_\_\_\_
8. Previous employment as a massage therapist (list name, address and position held):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_  
Description of any crime or other offense, including the time, place,  
date, and disposition for which the applicant has been arrested and  
convicted: \_\_\_\_\_  
\_\_\_\_\_

Provide a statement as to whether the applicant has had any license denied, revoked or suspended in the City of Andover or the State of Minnesota, the reason therefore, and the business activity or occupation of the applicant subsequent to such suspension, revocation or denial. (Attach separate sheet)

Furnish proof of graduating from a school of therapeutic massage with a core curriculum of at least 500 hours of in-class, teacher supervised instruction of which no more than 200 hours shall be clinical training.

Prior to consideration of the application an investigation shall be made by the county sheriff's department of all persons listed on the license applications.

**Please attach a copy of your driver's license.**

Licenses expire on December 31<sup>st</sup> of each year. Lack of payment of annual licensing fee shall be cause for revocation of license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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\_\_\_\_\_ Massage Therapist Application Fee: \$175.00 Annually  
(includes investigation fee)

License # \_\_\_\_\_ Date Paid \_\_\_\_\_

Anoka County Sheriff: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

City Clerk: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

City Council: \_\_\_\_\_ Approve \_\_\_\_\_ Deny

## CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your Minnesota Business Tax Identification Number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply the information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

**License Being Applied for or Renewed:**

**Licensing Authority:** CITY OF ANDOVER

**License Renewal Date:** \_\_\_\_\_

**Personal Information:**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(only required if no TAX ID number)

**Business Information:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

If Minnesota Tax Identification number is not required, please explain. \_\_\_\_\_

Signature: \_\_\_\_\_ Company: \_\_\_\_\_



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**TENNESSEN WARNING**

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name